



STATE TAX COMMISSION OF MISSOURI
P.O. BOX 146, JEFFERSON CITY, MO 65102-0146
573-751-2414
email: stc@stc.mo.gov

FORM 00

Select Industry from List (Click dropdown)

TAX YEAR:

Aggregate Statement of Taxable Property

<i>This form to be completed by First-Time filers ONLY!</i>		Account Number	
Company Information		NEW	
Company Name:			
1. Address:			
2. Address:			
City, State Zip			
Contact:			
Title:			
Phone:			
Fax:			
email:			
Notification / Correspondence <small>(if different from Company Information)</small>			
Name			
1. Address			
2. Address			
City, State, Zip			
Phone / Fax:			
email:			
Billing Information <small>(if different from Company Information and Notification/Correspondence)</small>			
Name			
1. Address			
2. Address			
City, State, Zip			
Type of Business / Industry			
<input type="checkbox"/> Telephone / Communications	<input type="checkbox"/> Electrical Utility	<input type="checkbox"/> Natural Gas Pipeline	<input type="checkbox"/> Freight Line
<input type="checkbox"/> Airline / Corporate Aircraft	<input type="checkbox"/> Railroad	<input type="checkbox"/> Product Pipeline	<input type="checkbox"/> Bridge
Type of Ownership			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Domestic Corporation	<input type="checkbox"/> Subsidiary
<input type="checkbox"/> Other	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Parent Company
Description of Organization's Activities (include services rendered, products sold, etc.) <small>(attach additional sheets as needed)</small>			